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Current climate

- Years of financial squeezing now pushing sector to the brink
- Many pharmacy owners battling for survival
 - Consolidations, cashflow and closures
 - Workforce pressures and increases to the National Living Wage
- In the middle of a difficult winter with new service launches and swings in reimbursement
- In December we send co-ordinated letters to senior politicians calling for urgent consideration about how the sector is supported
- It's extremely hard to be optimistic about the future at the moment

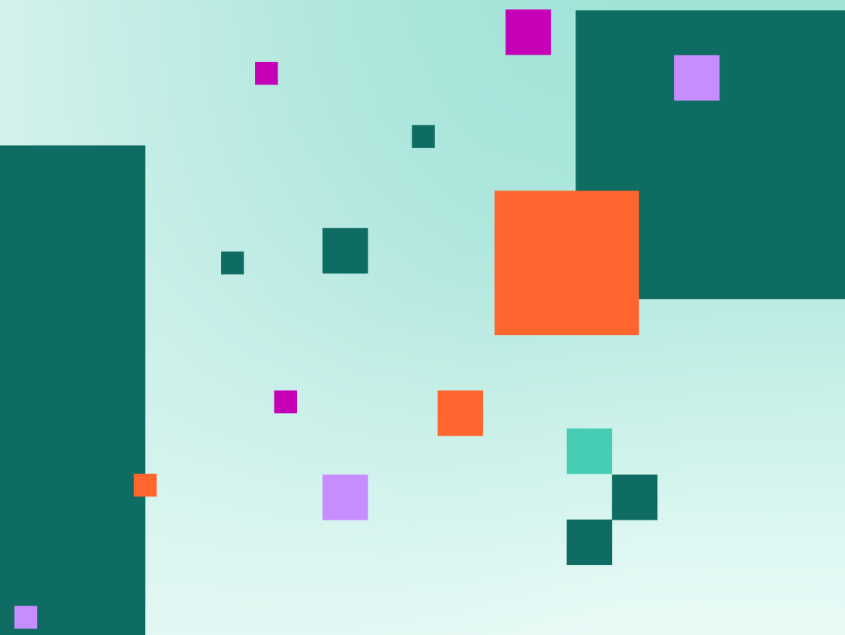
What you told us (November polling)

- Medicine market instability is most intense pressure but workforce costs still dominant
- 79% are neutral about or ill prepared for meeting the coming demands for winter
- Winter pressures already begun – biggest workload increase due to knock-on effects from General Practice
- Concerns focused around:
 - financial challenges
 - workforce issues
 - medication and supply chain concerns
 - operational challenges and workload

Margin changes

- From January, the overall impact of the Category M list will be a reimbursement reduction of approximately £38m per quarter, equivalent to a reduction in AIV of around -14p per item. Some of this reflects price movements vs £9m of margin adjustment
- This indicative modelling uses the latest pharmacy dispensing volumes available to Community Pharmacy England as a proxy for the expected dispensing volumes in quarter Jan-Mar 24. The actual impact actual volumes observed.
- Results from the Margin Survey of Independent Community Pharmacies up to Q1 2023/24 had indicated that there remained an over delivery of margin, and therefore in the normal course of business a reduction in the Drug Tariff would be expected.
- in discussions with the Department of Health and Social Care (DHSC), we lobbied for no reduction in the January Drug Tariff.
- As well as stressing the unsustainable financial pressures already being experienced by English pharmacy businesses, making further reductions impossible to absorb, we argued that the timing of this reduction, coinciding as it does with the launch of the new Pharmacy First Service, could hamper the successful launch and uptake of this critical service.
- The matter was ultimately referred to Ministers, who determined that a reduced margin adjustment would be applied to the January Drug Tariff
- We continue to make the case for revision to the pharmacy reimbursement system

Recovery Plan Deal



New opportunity

- Pharmacy First service and other changes were agreed in the Recovery Plan negotiations
- £645m investment is a critical funding injection – the first good news in 10 years
- Pharmacy First is the most strategically significant service in many years, which is a welcome vote of confidence from Government and the NHS
- It gives us something to build on in the future, bringing much bigger prizes if we show we can make this work

What you told us

- In July, 86% were positive about providing a Pharmacy First service
- This month, we heard you are motivated to take on new roles and activities, particularly around preventing ill health and supporting wellbeing
- Over 90% believed that the Community Pharmacy Vision (which advocates Pharmacy First) will have a positive impact on pharmacies, staff, patients, their local community, the NHS, and ICS

We continue to fight for sustainable funding

- This funding won't solve pharmacy's funding crisis, and we are continuing to call for an increase to core funding
- We'll soon enter negotiations on the 2024/25 CPCF; This was delayed by the recent change in Ministers, but we expect to receive the DHSC/NHSE mandate imminently
- The Committee met in late November and discussed our key asks, priorities and red lines
- We're also continuing to press for further investment through our influencing and advocacy work
- But a national Pharmacy First service helps build leverage strengthen our case,

the imperative for, sustainable funding in future

Negotiation Asks 2024/25

The Committee considered the core asks, priorities and red lines for us to take into the upcoming negotiations on the Community Pharmacy Contractual Framework (CPCF) for 2024/25. Recent polling of pharmacy owners as well as Committee Members' own experiences helped shape the discussion, which centred around the following themes:

- Pushing for increased core funding (including issues around excess margin and the increasing number of price concessions);
 - Allowing more professional discretion;
 - Improving funding distribution; and
 - Easing workload through operational changes.
- Our priorities and red lines will be revisited once we have received the mandate for these negotiations from the Department of Health and Social Care (DHSC) and NHS England.

The image features a light teal background with a large, semi-transparent purple rectangle in the center. Scattered around the rectangle are several small, solid-colored squares in shades of orange, magenta, and dark teal. The text "What's been agreed" is centered within the purple rectangle in a dark teal, sans-serif font.

What's been agreed

Pharmacy First – service details

- To launch on **31st January 2024** (subject to IT being ready)
- Advice and treatment for **seven common conditions** (Sinusitis; Sore throat; Acute otitis media; Infected insect bite; Impetigo; Shingles; Uncomplicated UTIs in women)
- It includes **self-referring patients**, plus referrals (existing CPCS routes)
- **CPCS** will be **incorporated** into the new service (referrals still required)
- Distance selling pharmacies to be able to provide six clinical pathways, only via video consultations

Pharmacy First – payments

- **Initial fixed payment of £2,000** available to claim ahead of service launch date (reclaimed if pharmacy doesn't provide 5 consultations by end of March 2024)
- **Monthly fixed payments of £1,000**, subject to meeting a minimum activity threshold (see opposite)
- **£15 payment** per consultation
- New tripartite implementation group to scrutinise uptake and activity volumes of Pharmacy First and to **set caps for the second half of 2024/25**

Month	Minimum number of consultations
Feb 2024	1
March 2024	5
Apr 2024	5
May 2024	10
June 2024	10
July 2024	10
Aug 2024	20
Sept 2024	20
From Oct 2024	30

Pharmacy Contraception Service

- Expansion of Pharmacy Contraception Service enabling pharmacists to **initiate oral contraception**, as well as continuing to provide ongoing management of oral contraception initiated elsewhere
- Pharmacies **need to provide both elements** of the service
- To begin from **1st December**

Roll-out

- Those currently providing the service will have a transition period until 29th February 2024
- Those not yet providing will need to offer the full, expanded service from when they first register to provide it
- Updated service spec, PGDs and resources now available

Hypertension Case-Finding Service

- Re-launch of Hypertension Case-Finding Service to make **better use of skill mix** and **increase provision of ABPM**
- All **suitably trained and competent pharmacy staff** will be able to provide the service
- To begin from **1st December**

Roll-out

- Updated service spec and resources now available

Funding and regulatory changes

- Up to £30m per year for Contraception and Hypertension services will be funded from existing CPCF funding, with an **additional £75m per year** from Recovery Plan fund
- **£76m fee over-delivery written off** for 2021/22 and 2022/23
- **£36m fee over-delivery permitted** for 2023/24
- DHSC and NHSE will **review separate terms of service** for distance selling pharmacies

Timeline

16th NOVEMBER:

Agreement announced

1st DECEMBER:

- Updated Contraception and Hypertension services re-launch

- Claims open for Pharmacy First initial fixed payment

31st JANUARY:

Pharmacy First launches

22nd NOVEMBER:

Contraception & Hypertension service specs & PGDs published

27th NOVEMBER:

Pharmacy First service spec & Clinical Pathways published (PGDs to follow later in the week)

DECEMBER – JANUARY:

Series of webinars on new services

LATE FEBRUARY – MARCH:

Public campaign for Pharmacy First begins

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How we got there

Influencing and strategy

- In March 2022 we made a comprehensive bid for a Pharmacy First service
- And briefed it in with successive Ministers and advisors through 2022
- We then launched an extensive influencing campaign to build support for the service
- The resulting investment is a crucial first step in recognising and properly funding the enormous amount of healthcare advice that pharmacies provide

Our negotiating strategy was driven by our aims to:

- incentivise sign-up for any new services
- generate capacity
- reduce risk for pharmacy owners
- establish conditions for business growth

Improvements secured

- **The writing-off of previous funding over-delivery:** worth £112m
- **Protecting baseline CPCF funding:** new money must be accessible ASAP
- **The inclusion of an upfront payment for Pharmacy First:** £,2000 per pharmacy
- **Increasing service fees:** monthly payments to support ongoing capacity
- **Reducing activity thresholds:** more achievable thresholds
- **Supporting implementation:** IT systems ready and greater use of skill mix
- **Revised deadline for bundling of services:** delayed linking payment for Pharmacy First to provision of HCF and Contraception services
- **Service caps:** different approach to cost control mechanisms

Reaching final agreement

- It took many months to work through each of the elements in detail
- We pushed back on numerous points to get the best possible deal
- Progress was slowed at points by the complex matrix of Government stakeholders
- This deal does not address the chronic sector underfunding but does give pharmacy owners an opportunity to significantly improve their cashflow
- Gives hope for the future that Government is willing to pay for the solutions pharmacies can offer

Our Position on the agreement

- **Unanimous agreement** that this is way forward for the sector
- **Funding and operational pressures remain** – and must be resolved
- Implementation will be a **huge challenge**...
- ...but **the success of Pharmacy First is critical** to pave the way for further clinical services development and investment
- Support delivery of **Contraception and Blood Pressure Services**
- **Much work ahead** on monitoring, integration, communications, caps




Guidance & support for implementation

Our next steps

- A tripartite implementation group is working through topics such as:
 - communications
 - digital requirements
 - roll-out plans for pharmacy and NHS 111
 - advising on plans for monitoring, delivery and evaluation of services
- Vital work continues as we prepare for the negotiations on the CPCF from April 2024, which we expect to begin imminently
- We are continuing work to develop a longer-term strategy for Community Pharmacy England to help create a better future for the sector
- We'll be looking to take forward the Vision for Community Pharmacy and are working to influence all political parties ahead of the next General Election

Resources to help you get ready

- Checklists of things to do to prepare for the service for **pharmacy owners and pharmacists**
- The **CPCS toolkit** is being updated to cover the new service
- CPPE Pharmacy First webpage and self-assessment framework**
- Cliniskills training modules and locally organised training options**
- Summary briefing for pharmacy team members**




December 2023

Pharmacy owner checklist: getting going with the Pharmacy First service

This checklist details the actions pharmacy owners can start to undertake to prepare to provide the Pharmacy First service, while waiting for further information and resources to be published. Further information on the service and resources can be found at cpe.org.uk/pharmacyfirst.

Activity	By whom?	By when?	Completed
Read the service specification, clinical pathways , draft Patient Group Directions and protocols as well as the FAQs on the Community Pharmacy England website			



December 2023

The NHS Pharmacy First self-assessment framework

Background to the Pharmacy First service

The [2015 Long Term Plan](#) highlights the need to boost out-of-hospital care and reduce pressure on urgent and emergency care. It also commits to making greater use of community pharmacists' skills and opportunities to engage patients. In May 2023, NHS England and the Department of Health and Social Care (DHSC) published the [Delivery plan for increasing access to primary care](#) and committed to expanding the role of community pharmacy by supporting the management of seven common conditions.

In addition to providing urgent medicines supply and managing referrals for people presenting with minor illness, the Pharmacy First service will enable community pharmacy teams to complete episodes of care for seven common conditions following specific clinical pathways. This will enable the management of common infections by community pharmacies through offering self-care, safety-netting advice, and, only if appropriate, supplying certain OTC and prescription only medicines via Clinical Protocol and Patient Group Directions (PGDs). Patients may access this service either by referral or when they are identified as suitable by the pharmacist providing self-care as an essential service. This addition enhances the previous NHS Community Pharmacist Consultation Service (CPCS), making further appropriate use of the community pharmacy team's skills and opportunities to engage and support patients.

Purpose


Let you (the pharmacy professional) to reflect on your knowledge, skills and behaviours at service, to identify any gaps and to support you in taking action to develop your

Provide high-quality, person-centred care to people accessing this service, and build on national Council's Standards for pharmacy professionals and Standards for completed self-assessment frameworks, in agreement with their staff, to help them professionals are also expected to meet:

and confidentiality and data protection requirements, in line with the [CPPE clinical standards for England](#)

to produced by CPPE and NHS England

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December 2023

Briefing: 040/23: Initial briefing for pharmacy teams – the Pharmacy First service

This briefing provides initial information for pharmacy teams on the Pharmacy First service which will be commissioned from **31st January 2024** (subject to the required IT systems being in place). Further information for pharmacy teams will be published nearer the launch date of the service.

Brief overview of the service

- This is a free NHS service.
- There are **three parts** to the service:
 - Minor illness consultations with a pharmacist;
 - Supply of urgent medicines (and appliances); and
 - Clinical pathway consultations.

Parts 1 and 2: Minor illness consultations and Supply of urgent medicines (and appliances)

- The **first two parts** of the service are those from the **Community Pharmacist Consultation Service (CPCS)**; this service is currently provided by most pharmacies across the country.
- These two parts of the service are and will continue to be (when the Pharmacy First service starts) provided by a pharmacist following a referral from NHS III, general practices and other authorised healthcare providers. General practices can only refer for Minor illness consultations; they cannot refer patients for Supply of urgent medicines (and appliances).
- Under CPCS, patients cannot walk-in and access these parts of the service (self-referral); there needs to be a referral from an authorised healthcare provider. This will continue to be the case when they transfer into the Pharmacy First service.
- From the end of 30th January 2024, CPCS will cease to exist, but patients can still access the service when they are appropriately referred, under the Pharmacy First service instead.
- These two parts of the service can be delivered face-to-face in the consultation room or remotely (either by telephone or video consultation).

Part 3: Clinical pathway consultations

- The third part of the Pharmacy First service (the new part) is called **clinical pathway consultations**. This involves pharmacists providing advice and NHS-funded treatment, where clinically appropriate, for seven common conditions: Sinusitis; Sore throat; Acute otitis media (earache); Infected insect bite; Impetigo; Shingles; and Uncomplicated urinary tract infections in women.

Community Pharmacy England cpe.org.uk

External communications

- NHSE is developing a public-facing campaign that aims to:
 - increase awareness of Pharmacy First
 - begin to prompt long-term behavioural change
- We're feeding into messaging, e.g. the need to promote professional competence of pharmacy teams
- TV adverts plus media, physical sites and social media tie-ins
- Launching late February with potential for future waves of activity
- NHSE also preparing specific comms for GPs and primary care

Promoting the service

- NHS England is developing a **marketing campaign** for the service
- LPCs are starting to **brief Local Medical Committees and general practices** about the service
 - A briefing for LMCs and general practice teams is available at cpe.org.uk/pharmacyfirst
- **Further resources** are being developed by Community Pharmacy England to help you and LPCs to promote the service to patients, the public and local stakeholder organisations



Other work continues

- Independent Economic Review commissioned by NHSE
- Negotiations training, strategy, economic analysis and funding mechanisms
- CP Sector Vision and Strategy and developing the business case for further development of clinical services
- Influencing all party's manifestos and relationship building ahead of the General Election

Further information

cpe.org.uk/pharmacyfirst



Pharmacy First and the Year Ahead: Pharmacy Owner Views Sought

Ahead of the January Committee we ask Independent and non-CCA Multiples pharmacy owners to participate in our Committee Opinion Polling.

This round asks questions about the new Pharmacy First service, the year ahead and also provides a section where pharmacy owners can feed their opinions directly to the Committee on how we can continue to support you in preparing for the Pharmacy First service.

We are also repeating our financial and operational pressures tracker.

The poll should take no longer than 10 minutes, respondents typically complete it in 5 minutes or less.

Please be advised that the poll is for pharmacy owners only.

